

order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 204  
Registered No. 124

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give NAME instead of street and number)

2. Full name of child Infant Roberson  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 26, 1930  
Month Day Year

8. FATHER Full name Ralph W. Roberson 14. MOTHER Full maiden name Helene May Smith

9. Residence (Usual place of abode) Globe Ariz 15. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 29 (Years) 16. Color or race White 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Wett City Mo 18. Birthplace (city or place) June Alaska  
(State or country)

13. Occupation Surgeon 19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was stillborn at 9:15 a.m. on the date above stated  
(Born alive, stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. W. Adams (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe, Ariz.

Month, day, year \_\_\_\_\_ Filed 7/9 1930 H. E. Wright Registrar

095-626-828